. 199-20-05

FW 2121\$

| 1 | | · | | | | | | | | |
|---|---|---|-----------------------------------|-------------------------|--------|----------------------------|--|--|--|--|
| AMENDMENT TRANSMITTAL LETTER | | | | | | Docket No. 02008/047001 | | | | |
| Application No. 09/835,824-Conf. #5545 | | Filing Date April 17, 2001 | | Examiner C. J. Barne | , | Art Unit 2121 | | | | |
| 09/030,024-Com. #3545 April 17, 2001 C. J. Barne | | | | | | 2121 | | | | |
| Applicant(s): Sate | oshi Umezu | | | | | | | | | |
| ADAPTER FOR CONTROLLING A MEASURING DEVICE, A MEASURING DEVICE, A Invention: CONTROLLER FOR A MEASURING DEVICE, A METHOD FOR PROCESSING MEASUREMENT AND A RECORDING MEDIUM | | | | | | | | | | |
| TO THE COMMISSIONER FOR PATENTS | | | | | | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | | | | | | |
| The fee has beer | n calculated an | d is transmitte | d as shown b | elow. | | | | | | |
| | | CLAIM | S AS AMEN | DED | | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | | | | | | |
| Total Claims | 35 | - 41 = | | × | | | | | | |
| Independent Claims | 7 | - 6 = | 1 | x 200.00 | | 200.00 | | | | |
| Multiple Depend | dent Claims (ch | eck if applicabl | le) | | | | | | | |
| Other fee (please specify): Extension for response within first month 120.00 | | | | | | | | | | |
| TOTAL ADDIT | IONAL FEE F | OR THIS AME | NDMENT: | | | 320.00 | | | | |
| x Large Entity Small Entity | | | | | | | | | | |
| No additional fee is required for this amendment. | | | | | | | | | | |
| Please charge Deposit Account No. in the amount of \$ | | | | | | | | | | |
| | copy of this sh | | | | | · · | | | | |
| A check in the | he amount of \$ | ; | to cover | the filing fee is enc | losed. | | | | | |
| x Payment by | credit card. F | orm PTO-2038 | B is attached. | - | | | | | | |
|][| | | | Deposit Account N | o. 50 |)-0591 | | | | |
| The Director is hereby authorized to charge and credit Deposit Account No | | | | | | | | | | |
| x Credit any overpayment. | | | | | | | | | | |
| x Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | | | | | | |
| | | | | | | | | | | |
| Dated: September 19, 2005 | | | | | | | | | | |
| Thomas K. Scherer Attorney Reg. No.: 45,079 | | | | | | | | | | |
| OSHA : LIANG LLP | | | | | | | | | | |
| 1221 McKinney St., Suite 2800 | | | | | | | | | | |
| Houston, Texas 77010 (713) 228-8600 | | | | | | | | | | |
| (110) 220-0000 | , | | | | | | | | | |
| | | | | | | | | | | |
| I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV710213185US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. | | | | | | | | | | |
| Dated: September 19, 2005 Signature: Pounts C. The Faller (Brenda C. McFadden) | | | | | | | | | | |
| I | | | | | | | | | | |

PTO/SB/17 (12-04v2)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

| / Effective | Complete if Known | | | | | | | | |
|---|-------------------|----------------------------|--------------------------------------|---------------|-------------------------|----------------|--|--|--|
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | | Application Nun | | 09/835,824-Conf. #5545 | | | | |
| FEE TRANSMITTAL | | | Filing Date | | April 17, 2001 | | | | |
| For FY 2005 | | | First Named Inv | - | Satoshi Umezu | | | | |
| 101112003 | | | Examiner Name | | C. J. Barnes | | | | |
| Applicant claims small entity status. See 37 CFR 1.27 | | | Art Unit | | 2121 | | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 320.00 Attorney Docket No. 02008/047001 | | | | | | | | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | | | |
| Check x Credit Card Money Order Other (please identify): | | | | | | | | | |
| x Deposit Account Deposit Account Number: 50-0591 Deposit Account Name: Osha · Liang LLP | | | | | | | | | |
| For the above-identi | fied deposit a | account, the Director is | hereby authorize | ed to: (check | all that apply) | | | | |
| Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee | | | | | | | | | |
| Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | | | | | | | | | |
| FEE CALCULATION | | | | | | | | | |
| 1. BASIC FILING, SEARCH | | | | | | | | | |
| | | G FEES SE. Small Entity | ARCH FEES Small Entity | EXAMINA | ATION FEES Small Entity | | | | |
| Application Type | Fee (\$) | Fee (\$) Fee (\$ | | Fee (\$) | Fee (\$) | Fees Paid (\$) | | | |
| Utility | 300 | 150 500 | 250 | 200 | 100 | | | | |
| Design | 200 | 100 100 | 50 | 130 | 65 | | | | |
| Plant | 200 | 100 300 | 150 | 160 | 80 | | | | |
| Reissue | 300 | 150 500 | 250 | 600 | 300 | | | | |
| Provisional | 200 | 100 0 | 0 | 0 | 0 | | | | |
| 2. EXCESS CLAIM FEES Small Entity | | | | | | | | | |
| Fee DescriptionFee (\$)Fee (\$)Each claim over 20 (including Reissues)5025 | | | | | | | | | |
| Each independent claim over | er 3 (includin | g Reissues) | | | | 200 100 | | | |
| Multiple dependent claims | | | | | | 360 180 | | | |
| Total Claims Extra (| Claims F | ee (\$) Fee I | Paid (\$) | Mu | ltiple Depende | nt Claims | | | |
| 3541 = | × _ | = | | <u>Fee</u> | · (\$) <u>F</u> | ee Paid (\$) | | | |
| Indep. Claims Extra (| Claims F | ee (\$) Fee I | Paid (\$) | | | | | | |
| 7 -6= | | | 0.00 | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer | | | | | | | | | |
| listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | | |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) | | | | | | | | | |
| 100 = /50 (round up to a whole number) x = | | | | | | | | | |
| 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) | | | | | | | | | |
| Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00 | | | | | | | | | |
| SUBMITTED BY | | | | | | | | | |
| Signature | | | Registration No. (Attorney/Agent) | 45,079 | Telephone | (713) 228-8600 | | | |
| Name (Print/Type) Thomas K. Scherer Date September 19, 2005 | | | | | | | | | |
| | | | | | | | | | |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV710213185US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: September 19, 2005

Signature: (Brenda C. McFadden)

SEP 1 9 2005